The National Alliance of Wound Care and Ostomy® (NAWCO®) is a non-profit organization that is dedicated to the advancement and promotion of excellence in wound care through the certification of wound care practitioners in the United States. The NAWCO® is the governing and accrediting body of the WCC® credential.

The NAWCO® offers the Wound Care Certification WCC® Examination to measure academic and technical competence of eligible candidates in the area of Skin and Wound Care Management. Initial certification as a WCC® is awarded for a five (5) year period upon receiving a passing score on the examination. Upon expiration of the credentialing term, the WCC® required to recertify with the NAWCO® to maintain their credentials.

This handbook contains information regarding the Wound Care Certified, WCC® Recertification process of the National Alliance of Wound Care and Ostomy®.

The information contained in this Candidate Handbook is the property of National Alliance of Wound Care and Ostomy® and is provided to candidates who will be taking the certification examination. Copies of this handbook may be downloaded for single personal use, but no part of this handbook may be copied for preparing new works, distribution or for commercial use. NAWCO® does not provide permission for use of any part of the handbook.

To avoid problems in processing your application, it is important that you follow the guidelines outlined in this handbook and comply with our required deadlines. If you have any questions about the policies, procedures, or processing of your application after reading this handbook, please contact the National Alliance of Wound Care and Ostomy®. Additional copies of the handbook may be obtained from our website: www.nawcccb.org. For assistance, please contact us at 1-877-922-6292 or by email at recertification@nawcccb.org

**Checklist**

- Read the Handbook cover to cover.
- Complete, sign and submit recertification application online
- Include payment including recertification fee and application processing fee ($330.00)
- Include additional forms (If applicable):
  - Continuing Education Verification Form - Appendix A
  - Request for Special Examination Accommodations
  - Documentation of Disability-Related Needs
- Contact information
  - National Alliance of Wound Care and Ostomy®
  - PO BOX 235
  - Somonauk, IL 60552 or fax to: 1-800-352-8339 or email: admin@nawcccb.org
Table of Contents

Objectives of Recertification ................................................................. 3
Administration ..................................................................................... 3
Credentials ......................................................................................... 3
Scope of Practice ................................................................................. 3
   Advanced Practice Registered Nurse (APRN) ...................................... 3
   Registered Nurse (RN) .................................................................. 3
   Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN) ......... 4
   Physical Therapist (PT)/Occupational Therapist (OT) ....................... 4
   Physical Therapy Assistant (PTA) ..................................................... 5
   Occupational Therapy Assistant/Licensed (OTA) .............................. 5
   Physician ....................................................................................... 6
   Physician Assistant (PA) ................................................................. 6
   Doctor of Podiatric Medicine (DPM) ............................................... 7
Recertification Deadlines ..................................................................... 7
Recertification Fee (Non-Refundable) .................................................... 8
Recertification Requirements ............................................................... 8
Recertification Options ....................................................................... 8
   Option 1 - Recertification by Examination ....................................... 8
      Instructions using Option 1 ......................................................... 8
   Option 2 - Recertification by Training ............................................ 8
      Instructions using Option 2 ........................................................ 8
   Option 3 - Recertification by Continuing Education ....................... 9
      Instructions using Option 3 ......................................................... 9
   Option 4 - Recertification by Mentoring ....................................... 9
      Instructions using Option 4 ........................................................ 10
Reinstatement of Lapsed Credentials .................................................. 10
   Final Ruling on Lapsed Credentials ............................................... 10
Application Process ............................................................................ 11
Audit Process ..................................................................................... 11
Recertification Agreement Policy/Statement of Understanding .......... 11
WCC® Recertification At A Glance ..................................................... 14
NAWCO® Recertification Application .............................................. 16
Request for Special Examination Accommodations ....................... 18
Documentation of Disability-Related Needs ..................................... 19
Continuing Education Verification Record ....................................... 20
Objectives of Recertification
Recertification is a means of providing ongoing assessment of continued competence of the WCC® and professional growth. The NAWCO® mandates recertification every five (5) years to ensure that the WCC® is exposed to new clinical advancements and standards of care within the area of skin and wound management.

This assures consumers that any practitioner awarded the WCC® credential has kept abreast of any new developments and has maintained active continuing education and practice activities to strengthen their knowledge in the area of skin and wound management.

Administration
The WCC® recertification process is governed and administered by the National Alliance of Wound Care and Ostomy® and its Certification Committee.

Credentials
Upon successful completion of the recertification process, candidates may use the initials WCC® Wound Care Certified, to designate their status. Credentials are awarded for a five (5) year period.

Upon expiration of the credentialing term, a WCC® is required to recertify with the NAWCO® to maintain their credentials. WCC® has been registered with the United States Patent and Trademark Office as the official certification mark of the National Alliance of Wound Care and Ostomy®

The NAWCO® will award an official numbered certificate to all candidates upon approval and completion of the NAWCO® recertification program denoting status as WCC® Wound Care Certified. Certificates of Certification remain the sole property of the NAWCO® and must be destroyed in the event of revocation of the credential.

Scope of Practice
The National Alliance of Wound Care and Ostomy® provides certification to various disciplines in healthcare. The scope of practice for the Wound Care Certified (WCC®) health care professional is performed in accordance with legislation code and scope of practice as determined by each respective professional state regulatory board along with prospective employer mandated guidelines.

The scope of practice established by the National Alliance of Wound Care and Ostomy® provides each certified health care provider with an understanding of their role and responsibilities as a member of the interdisciplinary wound care team. The WCC® provides direct hands-on and/or consultative skin and wound management in all health care settings. As with any specialty, certification does not supersede state practice acts nor does it permit a clinician to practice beyond their individual knowledge or expertise.

Advanced Practice Registered Nurse (APRN)
Role: The APRN works independently or in collaboration with a physician (according to state practice acts and facility/agency policies) to lead the interdisciplinary wound care team to plan and provide care for the patient at risk of or with wound care needs. Responsibilities include but are not limited to:

a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to prescribe medications, order tests and treatments, and make necessary referrals.

b. Independently or in collaboration with the physician comprehensively assesses and establishes wound diagnosis, prognosis, and wound care treatment.

c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish and provide a comprehensive approach to wound management that includes all disciplines and promotes optimum outcomes.

d. Provides bedside treatments to include conservative sharp debridement, when indicated and permitted by state practice acts and facility policy.

e. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.
f. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.

g. Collaborates with other wound care team members to promote the facility or agency quality improvement program.

**Registered Nurse (RN)**

Role: The RN plays a key role in oversight of the patient at-risk of or with wound care needs. Responsibilities include but are not limited to:

a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.

b. Develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.

c. In conjunction with prescribing providers orders (physician, APRN, physician assistant), provides consultation and/or hands-on care for wound prevention or management. Performs comprehensive assessments and reassessments to determine the most appropriate and cost-effective use of wound management products and resources. Hands-on care may include conservative sharp debridement/chemical cauterization with a provider order, per facility guidelines and if allowed according to individual state practice act.

d. Delegates appropriate wound prevention and wound care actions to LPN/LVNs and unlicensed assistive personnel (e.g. health technicians, nursing assistants).

e. As an interdisciplinary wound care team member, collaborates to establish individualized, comprehensive care plans that promote wound prevention and healing.

f. Establishes, reevaluates and revises facility policies, procedures, and guidelines governing wound care, based on needs, evidenced-based trends, and industry changes.

g. Observes patient’s response and wound status, reporting any changes to the provider or supervising clinician, according to facility or agency guidelines.

h. Provides and reinforces education to patients, family members/caregivers, and facility/agency staff regarding preventative measures, interventions, and individualized patient treatment plans.

i. As a patient advocate, promotes facility/agency-based quality improvement that addresses wound prevention and the specialized complex needs of the wound care patient.

**Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN)**

Role: Under the supervision, delegation, and guidance of the registered nurse or prescribing provider (e.g. physician, APRN, or physician’s assistant), the LPN/LVN provides the prescribed care to the patient at-risk of or with wound care needs. Responsibilities include but are not limited to:

a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.

b. As an interdisciplinary wound care team member, provides input for care plan consideration that promotes wound prevention and healing.

c. Implements preventative care, monitors skin status, and performs wound treatments per orders in the individualized patient’s treatment plan.

d. Provides and reinforces education to patients, family members/caregivers, and facility/agency staff that is consistent with the established care plan for preventative measures, interventions, and individualized patient treatments.

e. Observes patient’s response and wound status, reporting any changes to the registered nurse or supervising clinician, according to facility or agency guidelines.

f. Contributes to the facility or agency quality improvement program, as assigned.

**Physical Therapist (PT)/Occupational Therapist (OT)**

Role: The PT and OT plays a key role in oversight of the patient at-risk of or with wound care needs wake working under the guidance of a prescribing
provider (e.g. physician, APR, Physician Assistant). Responsibilities include but are not limited to:

a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.

b. As part of the interdisciplinary wound care team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote wound prevention and healing, provides input for care plan consideration and implementation per established protocols.

c. In conjunction with prescribing provider’s orders (physician, APRN, physician assistant), and supervision of the PT, provides consultation and/or hands-on care for wound prevention or management.

d. Initiates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, and as directed by the PT.

e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state’s scope of practice for PTAs.

f. Assesses and makes recommendations for support surface selection.

g. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan (e.g. proper positioning, mobility), to patients, family members/caregivers, and facility/agency staff.

h. Observes patient’s response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.

i. Contributes to the facility or agency quality improvement program, as assigned.

**Physical Therapy Assistant (PTA)**

**Role:** The PTA plays a key role in oversight of the patient at-risk of or with wound care needs while working under the supervision of a Physical Therapist (PT). Responsibilities include but are not limited to:

a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.

b. As part of the interdisciplinary wound care team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote wound prevention and healing, provides input for care plan consideration and implementation per established protocols.

c. In conjunction with prescribing provider’s orders (physician, APRN, physician assistant), and supervision of the PT, provides consultation and/or hands-on care for wound prevention or management.

d. Initiates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, and as directed by the PT.

e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state’s scope of practice for PTAs.

f. Assesses and makes recommendations for support surface selection.

g. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan (e.g. proper positioning, mobility), to patients, family members/caregivers, and facility/agency staff.

h. Observes patient’s response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.

i. Contributes to the facility or agency quality improvement program, as assigned.

**Occupational Therapy Assistant/Licensed (OTA)**

**Role:** The OTA plays a key role in oversight of the patient at-risk of or with wound care needs while working under the supervision of an Occupational Therapist (OT). Responsibilities include but are not limited to:

a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.

b. As part of the interdisciplinary wound care team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote wound prevention and healing, provides input for care plan consideration and implementation per established protocols.

c. In conjunction with prescribing provider’s orders (physician, APRN, physician assistant), and supervision of the PT, provides consultation and/or hands-on care for wound prevention or management.

d. Initiates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, and as directed by the PT.

e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state’s scope of practice for PTAs.

f. Assesses and makes recommendations for support surface selection.

g. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan (e.g. proper positioning, mobility), to patients, family members/caregivers, and facility/agency staff.

h. Observes patient’s response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.

i. Contributes to the facility or agency quality improvement program, as assigned.
healing, provides input for care plan consideration and implementation per established protocols.

c. In conjunction with prescribing provider’s orders (physician, APRN, physician assistant), and supervision of the OT, provides consultation and/or hands-on care for wound prevention or management.

d. Initiates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, and as directed by the OT.

e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state’s scope of practice for OTAs.

f. Assesses and makes recommendations for support surface selection.

g. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan (e.g. proper positioning, mobility), to patients, family members/caregivers, and facility/agency staff.

h. Observes patient’s response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.

i. Contributes to the facility or agency quality improvement program, as assigned.

Physician
Role: The physician works independently or in collaboration with an APRN/PA to lead the interdisciplinary wound care team to plan and provide care for the patient at-risk of or with wound care needs. Responsibilities include but not limited to:

a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to provide patient care.

b. Independently or in collaboration with the APRN or PA, the physician establishes wound diagnosis, prognosis, and wound care treatment.

c. Orders appropriate referrals and tests, when indicated.

d. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish a comprehensive approach to wound management that includes all disciplines and promotes optimal outcomes.

e. Collaborates with the APRN, PA, RN and other wound care team members to develop a wound prevention plan.

f. Provides bedside treatments to include conservative sharp debridement when needed.

g. Works with the interdisciplinary team to educate patients, family members/caregivers, and facility/agency staff regarding preventative measures, interventions, and individualized patient treatment plans.

h. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.

i. Collaborates with other wound care team members to promote the facility or agency quality improvement program.

Physician Assistant (PA)
Role: The PA works independently or in collaboration with a physician (according to state practice acts and facility/agency policies) to lead the interdisciplinary wound care team to plan and provide care for the patient at risk of or with wound care needs. Responsibilities include but are not limited to:

a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to prescribe medications, order tests and treatments, and make necessary referrals.

b. Independently or in collaboration with the physician comprehensively assesses and establishes wound diagnosis, prognosis, and wound care treatment.

c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish and provide a comprehensive approach to wound management that includes all disciplines and promotes optimum outcomes.
d. Provides bedside treatments to include conservative sharp debridement, when indicated and permitted by state practice acts and facility policy.

e. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.

f. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.

g. Collaborates with other wound care team members to promote the facility or agency quality improvement program.

**Doctor of Podiatric Medicine (DPM)**

Role: The DPM works independently or in collaboration with other team members (according to state practice acts and facility/agency policies) to lead the interdisciplinary wound care team to plan and provide care for the patient at risk of or with wound care needs. Responsibilities include but are not limited to:

a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to prescribe medications, order tests and treatments, and make necessary referrals.

b. Independently or in collaboration with the team members comprehensively assesses and establishes lower extremity wound diagnosis, prognosis, and wound care treatment.

c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish and provide a comprehensive approach to wound management that includes all disciplines and promotes optimum outcomes.

d. Provides bedside treatments to include conservative sharp debridement, when indicated.

e. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.

**Recertification Deadlines**

All WCC® credentials expire five (5) years to the date after initial certification. Expiration dates are located on your WCC® certificate.

Applications for recertification will be accepted no earlier than 6 months prior to expiration of WCC® credential and no later than postmark of expiration date.

<table>
<thead>
<tr>
<th>Certification Month and Day Expires:</th>
<th>Earliest Application Submission 6 months prior to expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>July</td>
</tr>
<tr>
<td>February</td>
<td>August</td>
</tr>
<tr>
<td>March</td>
<td>September</td>
</tr>
<tr>
<td>April</td>
<td>October</td>
</tr>
<tr>
<td>May</td>
<td>November</td>
</tr>
<tr>
<td>June</td>
<td>December</td>
</tr>
<tr>
<td>July</td>
<td>January</td>
</tr>
<tr>
<td>August</td>
<td>February</td>
</tr>
<tr>
<td>September</td>
<td>March</td>
</tr>
<tr>
<td>October</td>
<td>April</td>
</tr>
<tr>
<td>November</td>
<td>May</td>
</tr>
<tr>
<td>December</td>
<td>June</td>
</tr>
</tbody>
</table>
Recertification Fee (Non-Refundable)
$30.00 Application Processing fee
$300.00 Recertification fee

Recertification Requirements
Applicants for recertification of the WCC® credential must meet all of the following criteria:

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Occupational Therapy Assistant, Physician, or Physician Assistant.
2. Current WCC® credential. (Not lapsed)
3. Payment of required fees.
4. Submission of recertification application for one of the following recertification options:
   a. Examination
   b. Training: Approved course offered by Wound Care Education Institute (additional fees apply)
   c. Continuing Education (60 contact hours)
   d. Mentoring (Precept WCC Candidate)

Recertification Options
Each WCC® must choose one of the following recertification options:

Option 1 - Recertification by Examination
This option allows you to apply for recertification by retaking the NAWCO® WCC® certification examination. The NAWCO® WCC® certification exam is available in a computerized format with a total testing time of two (2) hours at various computer testing sites. A passing score is required to qualify for recertification. See official NAWCO® WCC® Candidate Handbook at www.nawccb.org for more details.

By choosing the option of recertification by examination, the WCC® forfeits the opportunity to choose any other option for recertification. Example: A WCC® who fails the exam to recertify cannot change and recertify by submitting continuing education credits or by attending the training program.

Example: A WCC® who fails the exam to recertify cannot change and recertify by submitting continuing education credits or by attending the training program.

You may apply and take the examination for recertification up to six (6) months prior to expiration of your credential. Upon receipt of your recertification application for examination, a confirmation letter will be sent to you with instructions for scheduling your examination. Please see the official NAWCO® WCC® Candidate Handbook for exam policies, procedures and study references.

Candidates who take the examination for recertification and are unsuccessful may retake the examination three (3) additional times for a total of four (4) attempts within the last (6) months prior to the credential expiration date. If you are unsuccessful after four (4) attempts, you are required to wait one (1) year before reapplying. If, however, you do not complete four (4) exam attempts, you do not have to wait one (1) year to reapply.

All applications must be submitted and the exam must be passed prior to expiration of WCC® certification. Application and $330 fees are required for each examination. Candidates who do not successfully pass the examination before the expiration date of their credentials will be considered “lapsed”. Please refer to “Reinstatement of Lapsed Credentials” section for further information.

Instructions using Option 1
1. Complete WCC® Recertification Application.
2. Submit along with $330 fee to:
   a. Mail: National Alliance of Wound Care and Ostomy®
      PO BOX 235
      Somonauk, IL 60552
   b. Fax: 1-800-352-8339
   c. Email: Recertification@nawccb.org

Application must be submitted and the exam passed prior to certification renewal date.

Option 2 - Recertification by Training
This recertification option allows candidates to attend a NAWCO® approved Skin and Wound Management Course (on-site or online course only, no exam required - additional fees apply)

Instructions using Option 2
1. Complete WCC® Recertification Application.
2. Submit along with $330 fee to:
3. When choosing to recertify by training, the course should be completed no earlier than 6 months prior to expiration of your WCC® credential, and must be completed prior to the certification renewal date.
   a. Certificant is responsible for choosing a NAWCO® approved course.
   b. Additional fees apply when choosing an approved course. Course fees are additional and will be paid to the educational provider. Recertification fee will be paid to NAWCO®.
   c. Upon successful completion, the training course provider will issue a course completion certificate. A copy of the certificate will be required by NAWCO® to complete the recertification process.
   d. Once NAWCO® has received the application, recertification fees, and a copy of the certificate of completion, the certificant will receive email notification of successful recertification. The email will provide information on how to download new materials on the Certificants’s Login section of the NAWCO® website.

Option 3 - Recertification by Continuing Education
To recertify by continuing education, sixty (60) contact hours (same as clock hours) of continuing education related to wound or skin care management must be earned within the five (5) year certification period. All contact hours must be obtained during the five year period to ensure adequate and current continuing education. A contact hour is defined as a unit of measurement that describes one (1) hour of an approved organized learning experience.

To receive credit for the contact hours, the educational program must be approved/accredited by either the state board governing your primary license (or any state board governing the professional license type under which you practice), the American Nurses Credentialing Center (ANCC®), American Physical Therapy Association, (APTA®), Accreditation Council for Continuing Medical Education (ACCME®), or Council on Podiatric Medical Education (CPME®).

NAWCO® does not require the submission of copies of continuing education certificates with the recertification application, however, each WCC® is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two renewal periods (10 years). In the event you are selected by the NAWCO® for an audit, you will be required to submit copies of certificates, and CE program documentation at that time.

Instructions using Option 3
1. Complete online WCC® Recertification Application.
2. Complete Continuing Education Verification Form located online at nawccb.org.
3. Submit both forms along with $330 fee to:
   a. Mail: National Alliance of Wound Care and Ostomy®
      PO BOX 235
      Somonauk, IL 60552
   b. Fax: 1-800-352-8339
   c. Email: Recertification@nawccb.org

Option 4 - Recertification by Mentoring
To recertify by mentoring, you must have been successfully mentored/precepted one WCC candidate within the five year certification period. This pathway can only be used by WCC’s that have been approved by NAWCO as preceptors.

To receive credit for mentoring:
1. You must identify the student that was precepted
2. The student has to have been approved for the preceptor pathway
3. The student must have completed the 120 hours of clinical practice prior to your recertification date.
4. All required paperwork must be in compliance (see Preceptor Pathway Manual for additional details).
Instructions using Option 4
1. Complete WCC® Recertification Application.
2. Submit along with $330 fee to:
   a. Mail: National Alliance of Wound Care and Ostomy®
      PO BOX 235
      Somonauk, IL 60552
   b. Fax: 1-800-352-8339
   c. Email: Recertification@nawccb.org

Reinstatement of Lapsed Credentials
Reinstatement of a lapsed credential is not the same process as recertification. Requirements for reinstatement of lapsed WCC® credentials include all of the following criteria:

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Occupational Therapy Assistant, Physician Assistant, or Physician.
2. Previous WCC® certification.
3. Active involvement in the care of wound care patients, or in management, education or research directly related to wound care for at least two (2) years full-time or four (4) years part-time within the past five (5) years.
4. Completion of application.
5. Payment of required fee. $330.00 for reinstatement of certification and $300.00 for late fee. (Total $630.00)
6. Choice of one of the following pathways:
   a. Successful graduate of approved “Skin & Wound Management Training Course”.
   b. Receive passing score on examination within two (2) years or four (4) attempts (whichever comes first) of credentials lapse*.
   b. Complete the continuing education verification form. (A minimum of 60 contact hours per requirements must be documented). This form can be found at nawccb.org.
   i. Copies of original “certificates of completion” forms from each continuing education program entered on your continuing education verification form may be requested.
   ii. Certificate of completion forms must include your name, date, program title, provider, approved accrediting organization, and the number of contact hours awarded.
7. A WCC® that successfully meets the requirements of the chosen and accepted pathway, within 2 years of the credential lapsing, will maintain their original certification number.
8. A WCC® that does not successfully meet the requirements within 2 years of the credential lapsing, will receive a new certification number when all eligibility criteria have been met.

Final Ruling on Lapsed Credentials
1. Reinstatement attempt WITHIN 2 YEARS through Examination Pathway:
   a. Unsuccessful: If examination pathway is chosen, after two years or four attempts, you will no longer be able to reinstate your lapsed credential.
   b. You will be required to wait one year and meet all of the eligibility requirements again for certification under one of the existing initial certification options.
2. Reinstatement attempt AFTER 2 YEARS:
   a. A credential that has lapsed beyond 2 years will not be reinstated.
   b. If you fail to apply to reinstate your credential within two years of the credential expiration, you can apply immediately and must meet all eligibility requirements again for certification under one of the existing certification options.
   c. A new certification number will be issued to successful candidates.
3. If you can demonstrate that you were falsely imprisoned, held hostage or otherwise held against your will, on active duty out of the US in the military, or in a coma, and as a result,
unable to complete your recertification prior to credential lapse, then you may reinstate your credential via any of the recertification options available.

Application Process

Applications will NOT be processed until all fees have been paid. The processing of your WCC® recertification application will vary depending on pathway chosen, but will not exceed two (2) weeks. If your application is approved, you will receive an email with certification maintenance information and a new certificate. Recertification of your WCC® credential will be granted for five (5) years. If your application is denied, you will be notified in writing. Application fees are deposited upon receipt. If you withdraw your application after submission, there are no refunds. If your application is denied, you will be issued a refund less a $30 application-processing fee.

It is not necessary to send any supporting CE certificates with your application. Each WCC® is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two (2) renewal periods (10 years). In the event you are selected by the NAWCO® for an audit, you will be required to submit copies of certificates, etc. at that time. If questions arise during the review of your application, you will be contacted via telephone or certified mail. You will have 15 days from the day you receive the letter to respond.

Deadlines and time frames are strictly enforced and the postmark is very important if you are mailing your application. Whether your application meets the deadline is determined by the postmark. This means that if you mail your application close to the application deadline, you might not learn whether your certification has been renewed until after the expiration date. Deadlines and time frames will apply whether the application is mailed, emailed, or faxed.

If at any time you have questions regarding the recertification process, please call NAWCO® at 1-877-922-6292.

Audit Process

The National Alliance of Wound Care and Ostomy® conducts random audits to determine compliance with the recertification requirements. Any WCC® selected for audit will be notified by email within two (2) weeks of application receipt. If audited, the documentation required for audit must be submitted to the National Alliance of Wound Care and Ostomy® within 30 days of notice. A WCC® may not renew his/her credential until audit documentation is received and approved by the National Alliance of Wound Care and Ostomy®. Non-compliance will result in recertification by examination only.

Recertification Agreement Policy/Statement of Understanding

The National Alliance of Wound Care and Ostomy® (NAWCO®) is dedicated to the advancement and promotion of excellence in the delivery of skin and wound care management to the consumer.

1. NAWCO® has established a formally documented program under which any current WCC® can recertify to demonstrate competence relating to their proficiency in skin and wound management. This program includes the WCC® professional Wound Care Certified certification credentials. Successful participants in this program may continue to use the WCC® certification credential.

2. Definitions:

   a. “WCC® means any professional currently certified by the National Alliance of Wound Care and Ostomy® in consideration for being allowed to recertify by the NAWCO® agreed to the terms of this NAWCO® Recertification Program Candidate Agreement (“Agreement”).

   b. “Marks” means the service mark and logo pertaining to the certification credential.

3. Recertification: Applicant’s recertification credential is based on Applicant’s successful completion of one of the four (4) required recertification options and Applicant’s compliance with this Agreement and the requirements described in the corresponding NAWCO® trademark guidelines, the terms of which are incorporated herein by reference, and which may be changed from time to time by NAWCO® in its sole discretion. Applicant acknowledges that NAWCO® has the right to change at any time the requirements for obtaining or maintaining any certification and/or to discontinue any certification in NAWCO®s sole discretion. Once recertification is
granted, applicant may maintain Applicant’s certification by completing, within the time frame specified by NAWCO® all continuing certification requirements, if any, that correspond with Applicant’s WCC® credential. NAWCO® is responsible for keeping Applicant informed of NAWCO®s continuing certification requirements and for maintaining Applicant’s certification. If Applicant does not complete the continuing recertification requirements within the time frame specified by NAWCO® Applicant’s certification for that credential will be revoked without further notice, and all rights pertaining to that certification (including the right to use the applicable Marks) will terminate. Applicant retains Applicant’s certification status if Applicant leaves Applicant’s current employment and/or begins working with a new organization. However, Applicant may not transfer Applicant’s certification status to another person. Applicant agrees to make claims regarding certification only with respect to the scope for which the certification has been granted. Applicant agrees to discontinue use of the WCC® credential and promotion of the certification immediately upon expiration, suspension or withdrawal of certification. Applicant further swears to notify the NAWCO® in writing within 10 business days if they learn they are no longer eligible to hold the WCC® credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license. In the event of revocation of the credential, the applicant agrees to destroy the Certificate of Certification.

4. Notwithstanding anything in this agreement to the contrary, NAWCO® has the right not to grant, continue, or renew applicant’s certification if NAWCO® reasonably determines that applicant’s certification or use of the corresponding marks will adversely affect the NAWCO® This agreement applies to WCC® certification obtained by applicant.

5. Grant and Consideration: Subject to the terms and conditions of this Agreement, NAWCO® grants to Applicant a non-exclusive, personal and non-transferable license to use the Marks solely in connection with providing services corresponding to the certification credential Applicant has achieved. Applicant may use the Marks on such promotional, display, and advertising materials as may, in Applicant's reasonable judgment, promote the services corresponding to Applicant’s certification credential and which are permitted by the terms of the NAWCO®s trademark guidelines corresponding to the certification credential. Applicant may not use the Marks for any purposes that are not directly related to the provision of the services corresponding to Applicant’s particular certification. Applicant may not use the Marks of WCC® unless Applicant has completed the recertification requirements for the WCC® certification credential and has been notified by NAWCO® in writing that Applicant has achieved certification status of WCC® NAWCO® reserves the right to revise the terms of this Agreement from time to time. In the event of a revision, Applicant’s signing or otherwise consenting to a new agreement may be a condition of continued certification.

6. Terms and Termination: This Agreement will commence immediately upon Applicant’s acceptance of the terms and conditions of this Agreement prior to approval of recertification application. Termination by Either Party: Either party may terminate this Agreement without cause by giving thirty (30) days or more prior written notice to the other party. Termination by NAWCO®: Without prejudice to any other rights it may have under this Agreement or in law, equity, or otherwise, NAWCO® may terminate this Agreement upon the occurrence of any one or more of the following events (“Default”):

a. If Applicant fails to perform any of Applicant’s obligations under this Agreement;

b. If any government agency or court finds that any services as provided by Applicant are defective or improper in any way, manner or form; or

c. If actual or potential adverse publicity or other information, emanating from a third party or parties, about Applicant, the services provided by Applicant, or the use of the Marks by Applicant causes NAWCO® in its sole judgment, to believe that NAWCO®’s reputation will be adversely affected. In the event of a Default, NAWCO® will give Applicant written notice of termination of this Agreement.
d. Applicant fails to meet recertification criteria prior to expiration date of their credentials.

In the event of a Default under (ii) or (iii) or above, NAWCO® may immediately terminate this Agreement with no period for correction and without further notice. In the event of a Default under (a) or (d) above, or at NAWCO®'s option under (b) or (c) above, Applicant will be given thirty (30) days from receipt of notice in which to correct any Default. If Applicant fails to correct the Default within the notice period, this Agreement will automatically terminate on the last day of the notice period without further notice.

Effect of Termination: Upon termination of this Agreement for any reason, Applicant will immediately cease all display, advertising, and other use of the Marks and cease all representations of current certification. Upon termination, all rights granted under this Agreement will immediately and automatically revert to NAWCO®.

7. Conduct of Business. Applicant shall:

a. Exercise its independent business judgment in rendering services to Applicant’s customers;

b. Avoid deceptive, misleading, or unethical practices which are or might be detrimental to NAWCO® or its products; and

c. Refrain from making any representations, warranties, or guarantees to customers on behalf of NAWCO®.

d. Without limiting the foregoing, Applicant agrees to not misrepresent Applicant’s certification status or Applicant’s level of skill and knowledge related thereto.

8. Indemnification By Applicant: Applicant agrees to indemnify and hold NAWCO® harmless against any loss, liability, damage, cost or expense (including reasonable legal fees) arising out of any claims or suits made against NAWCO®

a. by reason of Applicant’s performance or non-performance under this Agreement;

b. arising out of Applicant’s use of the Marks in any manner whatsoever except in the form expressly licensed under this Agreement; and/or

c. for any personal injury, product liability, or other claim arising from the promotion and/or provision of any products or services by Applicant. In the event NAWCO® seeks indemnification under this Section, NAWCO® will notify Applicant in writing of any claim or proceeding brought against it for which it seeks indemnification under this Agreement. In no event may Applicant enter into any third party agreements which would in any manner whatsoever affect the rights of, or bind, NAWCO® in any manner, without the prior written consent of NAWCO®. This Section shall survive termination or expiration of this Agreement and all NAWCO® recertification programs for any reason.

9. Disclaimer of Warranties; Limitation of Liabilities: NAWCO® makes, and Applicant receives, no warranties or conditions of any kind, express, implied or statutory, related to or arising in any way out of any recertification, any NAWCO® certification program, or this Agreement. NAWCO® specifically disclaims any implied warranty of merchantability, fitness for a particular purpose and non-infringement of any third party rights. In no event shall NAWCO® be liable for indirect, consequential, or incidental damages (including damages for loss of profits, revenue, data, or use) arising out of this Agreement, any NAWCO® recertification program, or incurred by any party, whether in an action in contract or tort, even if NAWCO® has been advised of the possibility of such damages. NAWCO®s liability for damages relating to any recertification, any NAWCO® certification program, or this Agreement shall in no event exceed the amount of application fees actually paid to NAWCO® by Applicant. Some jurisdictions do not allow limitations of the liability so certain of these limitations may not apply; however, they apply to the greatest extent permitted by law. Applicant acknowledges and agrees that NAWCO® has made no representation, warranty, or guarantee as to the benefits, if any, to be received by Applicant from third parties as a result of receiving certification. This Section shall survive termination or
expiration of this Agreement and all NAWCO® recertification programs for any reason.

10. General Provisions: Wisconsin law, excluding choice of law provisions, and the laws of the United States of America govern this Agreement. Failure to require compliance with a part of this Agreement is not a waiver of that part. If a court of competent jurisdiction finds any part of this Agreement unenforceable, that part is excluded, but the rest of this Agreement remains in full force and effect. Any attempt by Applicant to transfer or assign this Agreement or any rights hereunder is void. Applicant acknowledges and agrees that Applicant and NAWCO® are independent contractors and that Applicant will not represent Applicant as an agent or legal representative of NAWCO®. This Agreement and all documents incorporated herein by reference are the parties’ complete and exclusive statement relating to their subject matter. This Agreement will not be supplemented or modified by any course of dealing or usage of trade. Any modifications to this Agreement must be in writing and signed by both parties. Applicant agrees to comply, at Applicant’s own expense, with all statutes, regulations, rules, ordinances, and orders of any governmental body, department, or agency which apply to or result from Applicant’s rights and obligations under this Agreement.

WCC® Recertification At A Glance
## Recertification

### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Necessary for all Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current License as RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA, MD, DO, DPM</td>
<td>✓</td>
</tr>
<tr>
<td>Current WCC® credential (Not lapsed)</td>
<td>✓</td>
</tr>
<tr>
<td>Full payment of required fees (NAWCO® recertification fee $330, additional course fee applies to Recertification by Training option)</td>
<td>✓</td>
</tr>
<tr>
<td>Submission of recertification application</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Additional Requirements

**Choose one of the following Additional Requirements**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Recertifying by Training</th>
<th>Recertifying by Exam</th>
<th>Recertifying by Continuing Ed</th>
<th>Recertifying by Mentoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful completion of NAWCO® Approved Skin and Wound Management Course (Course MUST be completed before your certification expires) (Additional course fee)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WCC® certification exam (Computer based exam taken at a PSI testing center)</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide documentation of 60 contact hours of approved continuing education in skin and wound care (Hours earned with the five year certification period)</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Become an approved NAWCO® Preceptor (Work with a minimum of one WCC® preceptor candidate per NAWCO guidelines within the five-year certification period)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

WCC recert 10-2017 rev. 1
1. PRINT NAME: (As listed on your Professional License) ALL ITEMS MUST BE COMPLETED TO BE ELIGIBLE FOR RECERTIFICATION
   LAST: 
   FIRST: 
   MIDDLE:

2. MAILING ADDRESS: (Street, City, State & Zip Code)

3. DAYTIME TELEPHONE #: 
   E-MAIL: 
   ADA: 
   YES NO

4. SELECT CREDENTIAL FOR RECERTIFICATION: 
   □ WCC □ DWC □ LLE □ OMS □ NWCC

5. CERTIFICATION #: 

6. PROFESSIONAL TITLE (LPN, RN, PT, etc) 
   License Type: 
   License #(s): 
   State: ORIGINAL Issue Date: Expiration Date: 

7. RECERTIFICATION PATHWAY: (Indicate your choice and complete additional required forms if applicable)
   □ Option 1: Examination - No Additional Forms
   □ Option 2: Training - Approved Course
   □ Option 3: Continuing Education(CE Verification Form)
   □ Option 4: Mentoring
      Student: Option only available for WCC

8. COURSE TYPE: (Required for Option 2: When Choosing Onsite enter location and dates)
   □ Online
   □ Onsite
   Date: Location: 

9. CURRENT EMPLOYER:

10. APPLICATION-CERTIFICATION FEES: Non-Refundable Processing Fee & Recertification Fee . . . . . . $330.00

11. Agreement Authorization and Certification Information Release

   By submitting this WCC® Recertification Application, I acknowledge that all supporting documentation provided is true and accurate. If the activities listed on the WCC® Activity Report or the supporting verification documents are falsified in any fashion, I understand that this will result in the revocation of my WCC® credential.

   I affirm that I am currently licensed to practice as a in the state of .

   I further affirm that no licensing authority has current disciplinary action pending against my license to practice in the aforementioned or any other state, and that my license to practice is not currently suspended, restricted or revoked by any state or jurisdiction.

   I authorize the National Alliance of Wound Care and Ostomy® Certification Board to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. I further allow the National Alliance of Wound Care and Ostomy® Certification Board to use information from my application for the purpose of statistical analysis, provided my personal identification with that information has been deleted.

   I have read and understand all the information provided in the NAWCO® recertification handbook. I further agree to abide by the policies and procedures as set forth in the NAWCO® recertification handbook and all conditions included in the NAWCO® candidate recertification agreement.

   For listing in the National Alliance of Wound Care and Ostomy® Directory, I hereby authorize the National Alliance of Wound Care and Ostomy® its licensees, successors, and assigns (collectively “NAWCO®”) the right to publish and release my name, past and present certification status under the NAWCO® WCC® Certification Directory, and state/province (collectively “Certification Information”) in print and electronic versions of a worldwide directory of NAWCO® WCC® Certified Practitioners.

   If the NAWCO®, is required by law to release your confidential information, you will be notified by email at the address we have on file, unless prohibited by law. I release the NAWCO®, its subsidiaries and affiliates and their employees, successors, and assigns from any claims of damages for libel, slander, invasion of rights of privacy or publicity, and any other claim based on the publication or release of any Certification Information as specified in this Certification Information Release.

   I agree to make claims regarding certification only with respect to the scope for which the certification has been granted. I agree to discontinue use of the WCC® credential and promotion of the certification immediately upon expiration, suspension or withdrawal of certification. I further swear to notify the NAWCO® in writing within 10 business days if I learn I am no longer eligible to hold the WCC® credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license. I understand that failure to notify the NAWCO® of any of the above listed disciplinary actions will result in revocation of certification and/or denial of recertification. In the event of revocation of the credential, I agree to destroy the Certificate of Certification.

   By signing this agreement, I hereby swear and attest to all the contents of the Candidate Recertification Agreement Policy / Statement of Understanding contained within this Candidate Recertification Handbook.

   Signature: ____________________________ Date: __________________________

National Alliance of Wound Care and Ostomy® WCC® Recertification Handbook © 2018
12. PAYMENT: CREDIT CARD AUTHORIZATION FORM: Complete this section ONLY if paying by Credit Card

I, _____________________________________________, hereby authorize the National Alliance of Wound Care and Ostomy to charge my credit card account for the amount of $________________ for _______________________.

- Visa
- MasterCard
- American Express  (NO DISCOVER)

Credit Card Number ______________________________ Expiration Date _____/____ Security Code* ___________

*3-digit code found on signature strip at the end of a series of numbers

Credit Card Billing Address: (Address where cardholder receives bill)

Street _________________________________________________________________________________________

City______________________________________________ State__________________   Zip_________________

Telephone: _____________________ Cardholder Signature: _______________________________ Date: ___________
Request for Special Examination Accommodations

Please complete/return this form and the “Documentation of Disability-Related Needs” on the next page at least six (6) weeks prior to test date, so your accommodation for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written consent. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of having the reverse side of the form completed by an appropriate professional.

Applicant Information:

______________________________________________________________________________________________
Last Name         First Name       Middle Name
______________________________________________________________________________________________
Address
______________________________________________________________________________________________
City       State         Zip Code
______________________________________________________________________________________________
Daytime Telephone       Fax         Email

Special Accommodations

I request special accommodations for the ______ / ______ administration of the NAWCO® Credential examination.

Month      Year

Please provide (check all that applies):

_____ Accessible testing site
_____ Special seating
_____ Large print test (available for paper & pencil proctored examination only)
_____ Circle answers in test booklet (available for paper & pencil proctored examination only)
_____ Extended testing time (available for computer examination at a PSI testing center - max 2 hours)
_____ Separate testing area (table only at PSI testing center)
_____ Other special accommodations (please specify)

______________________________________________________________________________________________

Comments:
______________________________________________________________________________________________

______________________________________________________________________________________________

Signed: ____________________________________________________ Date: _____________________

Return this form with your examination application to:

National Alliance of Wound Care and Ostomy®
PO BOX 235
Somonauk, IL 60552
Or fax to: 1-800-352-8339
Or email: admin@nawccb.org
Documentation of Disability-Related Needs

If you have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of completing the “Professional Documentation” portion of this form.

Professional Documentation

I have known _______________________________________ since _____ / _____ / _____
(Applicant)

in my capacity as _____________________________________________________________.
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant’s disability described below, he/she should be accommodated by providing the special arrangements identified on the Special Examination Accommodation Form.

Comments:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Signed:
_________________________________________________________Title:____________________________________

Printed Name: _____________________________________________________

Address:
_________________________________________________________________________________
_________________________________________________________________________________

Telephone Number: __________________________________ Email: ___________________________________

License # (If applicable):________________________________________ Date: _______________________

Return this form with your examination application and request for special examination accommodations to:

National Alliance of Wound Care and Ostomy®
PO BOX 235
Somonauk, IL 60552
Or fax to: 1-800-352-8339
Or email: admin@nawccb.org
## Continuing Education Verification Record

Instructions: Use this form to document your contact hours/continuing professional education units. Refer to Candidate Handbook for specific instructions for completion of this form.

1. Submitting for Experiential Pathway or Lapsed Credential - Include copies of Certificates of Completion
2. Submitting for Recertification - Complete form, certificate copies not required unless requested by NAWCO.

(Contact Hour Equivalencies: 1 CH is approximately 50 - 60 minutes of actual education time. 1 CH = 1 CPEU)

| Name __________________________________________________________________________________________ |
| First     Last     MI |

### Record of Contact Hours/Continuing Professional Education Units

<table>
<thead>
<tr>
<th>Title/Subject Matter/Content</th>
<th>Date</th>
<th>Sponsor/Provider/Institution</th>
<th>Location</th>
<th>CH/CPEU</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total contact hours |

I hereby acknowledge that the above stated activities and contact hours are valid and represent my continued education in the area of skin, wound and/or nutrition management if applicable. I also understand that my misrepresentation or falsification of these activities could lead to denial of my NAWCO® credential.

<table>
<thead>
<tr>
<th>Signature ___________________________________________________________________________</th>
<th>Date</th>
</tr>
</thead>
</table>

National Alliance of Wound Care and Ostomy® WCC® Recertification Handbook © 2018
RETURN COMPLETED APPLICATION WITH FEES TO:

National Alliance of Wound Care and Ostomy®
PO BOX 235
Somonauk, IL 60552
Or fax to: 1-800-352-8339
Or email to: recertification@nawccb.org